

Response to Intervention and Reading Intervening Effectively in Literacy

Kevin Feldman had a conversation recently with a teacher who was providing specialized reading instruction to a small group of students in her class. One of those students wasn't showing any improvement on the periodic progress-monitoring assessments. The graph charting his individual progress was "flat-lining," going nowhere, recalls Feldman, director of reading and early intervention at the Sonoma County Office of Education.

"Upon reflection, she saw that she was doing a lot of work at the word level when the goal was to increase overall fluency and comprehension. She wasn't having the kid read enough connected text every day," Feldman said in a recent interview, "so she re-jiggered her approach, doing half as much word-level work and adding twice as much sentence and passage work and—boom!—the graph started going up immediately."

The teacher was able to make that speedy adjustment because she was in a school that had adopted Response to Intervention (RtI), the innovative, proactive approach to identifying students with reading problems as soon as they enter school, getting immediate help to them in their regular classroom environment, and monitoring them frequently to assess their progress. Classroom teachers, reading specialists, and other educators can see what's working and what's not and make modifications quickly. And because the initial stages of RtI are part of general education, the students are not separated out into special education classes and stigmatized as learning disabled.

Feldman, who develops and monitors programs related to literacy and prevention of reading difficulties, says RtI is long overdue. Most of the students currently placed in special education are classified as learning disabled, and, Feldman says, "for 90 percent or more, the primary presenting disability has directly to do with reading."

Remedying the Discrepancy Model

In most schools today, students needing help are identified by assessors who use the "discrepancy model," which considers the difference between a child's IQ and his or her performance in school. Because it usually takes at least a couple of years to quantify a sufficient discrepancy, most students are placed in special education sometime between the middle of second grade and the middle of fourth grade. Feldman says this "wait to fail" intervention often comes too late.

“Did the kids first start having problems then?” he asks rhetorically. No, he says, literacy problems can be detected in kindergarten or even in pre-kindergarten. “We’ve known for a long time that the model we have doesn’t make pragmatic sense. You have to fail and fall two to three years behind your peers, feel stupid, and become de-motivated around issues like reading before we can get you help in a systematic way.”

Now, with RtI, systematic help is on the way. “We’re going to assume that children will come into kindergarten with widely differing needs. Some kids will have difficulty with reading and there’s no obvious reason why—they don’t have cognitive impairment; they’re not learning English as a second language—but they are struggling. And some of them will have needs that are so acute that if we don’t meet them now, they will manifest themselves into what we later call learning disabilities.”

Addressing Learning Disabilities

“Learning disability” is itself a problematic label, Feldman says, because it implies that the child has a disability that is preventing her from reading at the level of her peers. But the reality is usually more complex—literacy problems have multiple sources, often including what and how a student is being taught. “There are curricular disabilities, there are instructional disabilities, there are school organizational disabilities,” he says. “A significant school organizational disability would be assuming that everybody needs the same thing and then offering a one-size-fits-all model for kids who are not successful.

“What RtI is attempting to do is provide a plan for schools to organize themselves sensibly, a plan that starts out assuming that kids will have different needs. We’re going to screen them in kindergarten, provide the best program we have, and screen them again in the middle of the year. If they’re not making progress, we’re not going to wait or refer them to special ed or spend thousands of dollars on psychological testing. We’re going to provide practical, pragmatic help right now as part of the general education system.”

Adapting a Three-Tier Model

Although the implementation of RtI varies from state to state and even from school to school, a widely adapted approach to reading interventions is the three-tier model promulgated by the Texas Education Agency and the University of Texas, where there is an ongoing RtI research program. The model takes the goal of RtI—early intervention to prevent young readers from falling behind their peers—and creates three increasingly intensive levels of instruction. Throughout the tiers, instruction is grounded in five specific reading skills: (1) Phonemic awareness, which is recognizing the sounds of spoken language and how they work together;

(2) Phonics and word study, which is identifying the letters of the alphabet and recognizing how the sounds of spoken language are represented in a written word; (3) Fluency; (4) Vocabulary; and (5) Comprehension.

Looking at the Tiers

Tier 1 instruction is part of the general education curriculum and takes place in the regular classroom. All students are tested on the components of reading—usually in the fall, winter, and spring. Students who are not keeping up with the class receive extra instruction in small groups that focus on particular skills—a focus that can be modified depending on what the assessments reveal.

“The classroom teacher might do a little ‘after-lunch bunch,’ pulling aside the lowest five kids based on their screening assessments, while the rest of the kids are working on something else,” Feldman says. “Some kids will need pre-teaching, some re-teaching, some additional practice.

“From an RtI point of view, providing excellent general instruction, supplemental intervention, and assessment of all students as part of the regular program—and doing that systematically over time—is probably a better indicator of which students aren’t learning what they need to learn than any single test we can give.”

For some students, the extra attention in Tier 1 will be sufficient to catch them up, and no further intervention is needed. For others, whom the assessments have identified as at-risk readers, additional help is needed, and they move on to Tier 2. The more focused intervention of Tier 2 is still part of general—not special—education and is designed to augment the core reading curriculum by concentrating on the particular components of reading in which the student is deficient.

Identifying Critical Issues

The critical issue in Tier 2, says Feldman, is “Do you have the right kids—and your screening assessments will tell you that you do—and are you matching your instruction to exactly what they need? You might have one kindergarten group that needs more work on hearing initial sounds and blending them at the beginning of words and another group that hears sounds fine but needs work on language and vocabulary development.”

A significant number of students will require Tier 2 intervention. The instructor may be the classroom teacher or a reading specialist, and the instruction may take place in the classroom or elsewhere in the school. “It doesn’t matter where the students are served; what matters is how they are served,” Feldman says. “It’s really a question of what’s logistically most efficient.”

An important characteristic of Tier 2 is frequent, brief assessments of student progress, as often as once a week. “We’re working in Tier 2 so we know these kids are already in trouble,” Feldman says. “We want to be able to ascertain if we are moving in the right direction.”

For a small percentage of students, Tier 2 will not be enough. Those who don’t make sufficient progress are eligible for the intensive intervention of Tier 3. For some, that may mean one-to-one instruction; for others, special education services. Each school or district will determine the relationship between RtI and special education, but successful implementation of RtI ultimately will mean fewer referrals to special education.

A program like RtI can feel like a sea change to classroom teachers—indeed, to the whole school community—and the level of training fluctuates from district to district. But people are at the heart of RtI. “While you can’t do RtI without a responsive, efficient, and accurate assessment system, numbers are still just numbers,” Feldman says. “You have to have human capital that’s informed, passionate, and well organized. When a kid isn’t doing better, you get two or three people who know the kid, know the curriculum, know the issues and you problem solve together. Everything is on the table as long as it has some research base and makes sense. And maybe you bring in a crackerjack speech and language person or a really great reading specialist or someone from the district office who can help, because we are, each of us, limited in our knowledge.”

When elements of RtI are in place and working—as, for example, in Elk Grove, California, where a version of the model has been used for 15 years—overall student achievement improves and the number of students placed in special education declines.

Looking to the Future

Today, schools throughout California and around the country are adopting versions of RtI to improve reading skills, and that suits Feldman just fine. “We know absolutely that this notion of prevention and early intervention makes common sense, even though organizing and managing it in the chaos and complexity of a school will be fraught with all kinds of problems. We know scientifically and empirically that discrepancy formulas make little sense and don’t work for kids. Given that, it’s incumbent upon us to investigate sensible alternatives—like RtI.”